



Utility Account #: _____ **Start Month/Year:** _____
(Upper left corner of bill) (Requests due by the 15th of the month)

STOP DIRECT PAYMENT

I am requesting City of Dilworth to stop direct payment from my checking/savings account. This authority will stop on the date listed above.

(NAME - PLEASE PRINT)

(ADDRESS - PLEASE PRINT)

(PHONE #) (EMAIL)

(SIGNATURE) I understand that requests must be made by the 15th of the month.

(NAME OF FINANCIAL INSTITUTION) (CITY) (STATE)

Reason: Moving New Bank Account Other: _____